



Family First Prevention Services – Capacity Building Grants Questions and Answers

VENDOR 1 QUESTIONS:

1. Does the “three-year documented history (within the past three years) of providing community-based services to children and families involved with the SCDSS” on page 3 indicate that a provider must already have a contract with SCDSS in order to be eligible to apply for this grant? Or is it ok to have just served some children and families who have been involved with SCDSS, without a contract?

No. The language requires the applicant to have three years of providing community-based services to children and families involved with SCDSS. This requirement does not require a current or historical contract. Applicants are encouraged to describe, in narrative form, their history and involvement with children and families in community-based settings.

2. On page 2 it notes that Providers receiving this grant must “implement HOMEBUILDERS® at full capacity and full fidelity by September 30, 2021.” Does this mean that all staff needed to fill a full team are hired and trained by September 30, 2021? What about the shadowing required for HOMEBUILDERS® staff, which is required as part of the training process (Supervisors take a case first, then Supervisors take a second case and a Therapist shadows them on the entire case then the Therapist takes a case and the Supervisor shadows them....” Is all of the shadowing expected to take place prior to Sept 30, 2021 or after?

Yes, to both. The grantee will be required to operate at full implementation and capacity by September 30, 2021.

3. If all staff are expected to be hired and trained by Sept 30, 2021 and the grant is only \$40,000 is there going to be another funding opportunity to help pay for the operational costs of an entire team of staff? For a full team (4 F/T Therapists, 1 F/T Supervisor, a PT Program Manager and a PT Admin) it costs just over \$50,000 per month. Once staff are all trained and have done the required shadowing and can take on a full caseload, then the per diem cost decreases because more families can be served, but it takes a solid 6-9 months of implementation to get that spot, according to the HOMEBUILDERS® Site Development Plan. So, what part of the Site Development Plan, does this grant cover (what months)? Or, is it an option to just hire and train a Program Manager, Supervisor and one Therapist (within 90 days of Grant Award) and then wait to hire other Therapists in the summer, going through training in August or September?

The intent of the grant is only to finance capacity building (i.e. training costs). Page 5, Section B. states that funds may not be used for operating costs, service provision, lobbying, publicity, legal fees, and any other item not related to grant condition, including staff salary. Reimbursement for services will be through enrollment in the Department’s Qualified Provider Listing (QPL) which will roll out Spring 2021.

4. On page 4 it states that all Therapists must be licensed but I also heard it was only the Supervisor who needs to be licensed. Can you clarify who exactly needs to be licensed (and what kind of license) and what level degree and experience is required for all positions? And, does the person(s) with the license need to be licensed in South Carolina?

A) For HOMEBUILDERS capacity building grant purposes, all supervisors must be licensed by the South Carolina Department of Licensing, Labor, and Regulation (SCLLR) as one of the following: Licensed Psychologist (LP), Licensed Professional Counselor (LPC), Licensed Marriage and Family Therapist (LMFT), or Licensed Independent Social Worker-Clinical Practice (LISW-CP).

B) Direct workers (therapists) must have a master's degree in social work, psychology, counseling, marriage and family therapy, or related human service field or a bachelor's degree in social work, psychology, sociology, or related human service field with at least two years of direct social service experience.

C) For all other grants (i.e. BSFT and FFT) clinicians must be independently licensed by SCLLR as one of the professions mentioned in response A to this question.

5. On page 4 it states, "Grantee must be approved by model trainers to begin training within 30 days of grant award date." On page 7 it states that training must begin within 90 days. Will there be other funding available to keep staff who are being trained (related to question #3 above). Even with the agency chipping in 15% of in kind \$, that only provides a total of \$46,000 to hire, train, and retain staff from Jan through September.

See question 3 regarding QPL.

For training, grantees must be approved to receive training within 30 days but begin within 90 days or as otherwise agreed upon by SCDSS and the grantee.

6. Also, on page it states that the budget/funds "must go directly toward training and capacity building expenses associated with the model for which this grant will be awarded." Will there be other funding available to apply for that can help pay for the other operational costs of retaining staff who are being trained in this model in order to implement it?

See question 3 regarding QPL.

7. The Reporting Requirements listed on page 5 also indicate implementation of the model. Can you please clarify WHAT activities are expected to take place during this grant period? Is it expected that staff will be hired, trained, participate in required shadowing and begin implementing the model, receiving referrals and serving families? If yes and if this grant only pays for training, not operational costs, then will there be other funding available for the operational costs?

A) Reporting requirements in the grant are as follows:

GRANT REPORTING REQUIREMENTS

Providers will provide programmatic and financial reports as required by Office of Child Health and Well-Being. These requirements are:

1. Monthly Report due by the 15th of the following month: the monthly report will contain the following

a. Detail the names, qualifications, and certification or training status of individuals who received training in the model for which this grant was awarded and their current performance and functioning (i.e. caseload and certification status, etc.).

b. Number of referrals to HOMEBUILDERS®, number of rejected referrals, and reasons for rejection.

c. Percentage and number of families whose children enter care while active in HOMEBUILDERS®.

d. Percentage and number of families that successfully completed the program.

e. Percentage and number of families that did not complete the program and reasons why.

B) See question 3 regarding the QPL.

8. On a page 7, B #8 it asks for a long-term sustainability plan and budget. Can you confirm this is an annual budget for implementation of the model MINUS initial hiring and CORE training of staff? And the start date for this budget is Oct 1, 2021?

Yes, that is correct.

VENDOR 2 QUESTIONS

1. The RFGA states “Organizations which are eligible to apply for funds must have a minimum of at least a three-year documented history (within the past three years) of providing community-based services to children and families involved with the SCDSS”

a. How is this history to be documented or demonstrated?

See question #1 (Vendor 1)

2. Is the intention to eventually consolidate to use of one preferred model, vs operating three different models in the state? If yes, what is that timeline?

No, the goal is to have an array of evidence-based practices for SC’s children and families. There is a salient gap in intensive in-home service in the State, these grants seek to build capacity around these three models.

3. During COVID-19 are any of the prevention service models able to be operated virtually vs in-home?

Model developers and evaluators may assess the efficacy of interventions that are operated virtually vs in-home. At this time, there are no models that have been federally approved by the Title IV-E Clearinghouse (“the Clearinghouse”). It is encouraged to use all evidence-based models in the manner they have been developed, normed, and approved for. However, during a state of emergency the Department will determine the appropriateness of any requests for the provision of virtual services.

4. For providers offering BSFT, does DSS have a requirement or preference for the model to be delivered in-office or in-home? If delivered in-office, can any of the capacity building grant funds be used for establishing the video/observation room?

It is preferred that all services are provided in the home whenever possible and appropriate. See question 3 (Vendor #1) for QPL.

5. For providers offering BSFT, are the “capacity building” funds able to be used for the purchase of materials needed to implement the model? (including video camera equipment, computer to view recordings, etc).

No. See Question 3 (Vendor #1) for funding.

6. In other states, when a RFP for in-home prevention was posted, estimates were provided for the number of referrals anticipated in each county. What is the anticipated number of referrals in each of the 12 counties that the provider would need to be prepared to serve? (monthly or yearly)

Eligible populations will vary based on location, need, and model requirements in most cases. To better understand the characteristics of children and families that might be eligible for services, visit the SCDSS dashboards at: <https://dss.sc.gov/about/data-and-resources/>

7. Are estimates available regarding the number of Therapists/staff needed to serve each county?

Not at this time. The QPL will allow providers to pilot these services and help identify and determine county specific needs.

8. The RFGA states therapists must be fully/independently licensed (LPC, LMFT, LISW-CP). Is it acceptable to have the Supervisor be a licensed individual, while the front-line therapists are in their clinical supervision/licensure process – ie LMFT-A, LPC-A, LMSW status?

For the purpose of these grants, BSFT and FFT clinicians and HOMEBUILDERS supervisors must be terminally licensed as a professional (as listed in vendor #1 q.4 answer A). Direct workers (therapists) must have a master's degree in social work, psychology, counseling, marriage and family therapy, or related human service field or a bachelor's degree in social work, psychology, sociology, or related human service field with at least two years of direct social service experience.

Note: Independent licensure is a requirement to receive grant funds but may not be required for reimbursement of services. QPL reimbursement provider qualification/requirements may vary slightly from those outlined in these grants.

9. Clarifying - If award date is 12/4/20 then training must begin by 1/4/21? Or the organization must gain approval by model trainers within 30 days?

The organization must gain approval by model trainers within 30-days.

10. Is there an allowance for a hiring period prior to training starting? If yes, how long?

Training must begin within 90-days of award or as otherwise agreed upon by SCDSS and the grantee. The grantee will still be expected to meet the 9/30/2021 deadline for full implementation.

11. If full caseload capacity is expected by 9/30/21, will referrals/services begin prior to that date? Or do referrals begin upon that date?

Referrals will begin in early spring 2021 when SCDSS' QPL is implemented.

12. Will the provider have access to the CAPSS documentation system to record case activity and view limited information regarding DSS activity/engagement with the family?

The provider will record relevant information in the SCDSS Provider Portal as required for participation in the SCDSS QPL. To better understand DSS activity and engagement, the provider will be required to participate in the Child and Family Team Meetings (CFTMs).

13. Is there a fee for provider staff to have access to the SCDSS Provider Portal software?

No, access to the SCDSS Provider Portal will be provided at no cost to our provider partners.

14. The provider appears to be responsible for absorbing all start-up and personnel costs. Will any reimbursement be available from DSS for startup costs?

- a. If no, is it the expectation of DSS that providers would set up offices, negotiate leases and program systems, buy supplies, and hire and train staff with no funding provided until after the capacity building grant period ends?

No. These grants are intended to assist partnering organizations in receiving trainings on the identified EBPs. Reimbursement for the provision of services will occur in early spring 2021 when the SCDSS QPL is implemented.

15. Historically, many services provided in Family Preservation would not qualify for third party insurance payments as the family members may not be diagnosed, or the services provided would not have a billable service code

associated that a commercial insurance company would pay for. Will DSS be requiring the provider to first attempt to bill third-party insurance prior to submitting for reimbursement to DSS?

As stipulated in the Family First Prevention Services Act, IV-E is the payer of last resort. To be reimbursed for services, the provider must attest that they have attempted to seek reimbursement via other payer sources. Additional information regarding reimbursement for QPL services will be forthcoming.

16. If the family is Medicaid eligible, and meets criteria for billing, will the provider be able to bill for therapeutic services provided to the family and children?

a. If yes, what percentage of families referred for Prevention Services do you anticipate are Medicaid eligible?

If the child is Medicaid eligible, meets medical necessity, and the service is a Medicaid service, and authorized by Medicaid (or MCO) they will be required to seek reimbursement through that route. This should be the case for all services to ensure the sustainability of services in SC's child and family well-being continuum.

Financing the provision of services for SCDSS non-custodial populations is a novel experience for the Department. The piloting of FFPSA services, our provider portal, QPL, and CCWIS modifications will provide us with needed information to fine tune our understanding of characteristics such as this.

17. Who will be making the decision to refer families for prevention services? DSS worker or Supervisors?

SCDSS is in the process of implementing new functional assessments (i.e. FAST/CANS) for both custodial and non-custodial populations which will help to understand child and family needs and aid identifying appropriate services and levels of care. Decisions will be made between the supervisor and case manager, along with the Child and Family Team.

18. As this is a new/piloted process - Will each county have a point person for resolving any questions or concerns about referrals and collaboration with DSS?

Yes, SCDSS will form implementation teams consisting of county staff, state office, grantees, and other relevant parties.

19. What training and operating procedures are being implemented by DSS to ensure that field staff make appropriate child safety/level of intervention decisions:

- a. Removal from home
- b. In-home under court ordered treatment plan
- c. In-home under voluntary services
- d. No action taken

SCDSS is focused on improving its casework practice and developing a professionalized workforce. This includes new approaches to coaching, engagement, and assessment to assist in the development of an enhanced skillset.

20. If the provider disagrees with the referral and does not feel able to adequately ensure the safety of the child in the home, can the referral be refused?

If a disagreement occurs, a provider should contact the referring county office to discuss their concerns. SCDSS uses a collaborative process to engage with providers and families when linking with appropriate services.

21. How long will DSS maintain an open investigation following referral to prevention services?

These services are not primary prevention, as they are only to be rendered on eligible non -custodial populations or as otherwise approved by the Department. This process is separate from SCDSS' Community -Based Prevention Services Contract.

22. For referrals of kinship or fictive kin caregivers – will they have adequate legal documentation to consent for services (ie a court order or power of attorney)?

Additional information will be forthcoming with the implementation of the Department's QPL.

23. Will the provider be required to conduct drug screenings, assessments and ongoing drug testing of caregivers?

Currently, SCDSS does not foresee that as a requirement of participation. If circumstances change grantees will be notified.

24. Is the provider required to absorb the cost of interpreter services?

Additional information will be forthcoming with the implementation of the Department's QPL.

25. Can DSS provide the number of referrals by County or Region over the last two years that were non-English speaking and required interpreter assistance?

- a. Additionally, can DSS provide what the native language was for those referrals that required interpreters?

Additional information will be forthcoming with the implementation of the Department's QPL.

- b. Can DSS provide the number of referrals by County or Region over the last two years that required American Sign Language interpretation?

Additional information will be forthcoming with the implementation of the Department's QPL.

26. How is reimbursement going to be provided?

- a. Per Diem rate per family
- b. Contracted rate per case
- c. Total monthly payment based upon historical number of monthly caseloads

SCDSS is still contemplating its reimbursement methodology. Additional information regarding rates will be forthcoming. Reimbursement will vary for all interventions, but the Department is leaning toward a fee-for-service model with the exception of HOMEBUILDERS which would have a weekly rate.

27. If reimbursement is to be a monthly payment based on historical numbers, how does DSS intend to compensate the provider if the actual cases are more or less than the historical number?

See question 26 (Vendor #2)

28. If rate is paid per case/family – is this regardless of how long the case runs, or if the family drops out prematurely?

See question 26 (Vendor #2)

29. When will the final reimbursement rate/process be disclosed?

Additional information regarding reimbursement rates and processes will be forthcoming.

30. How quickly will reimbursement be available for provision of services?

Reimbursement will be available with the implementation of our Qualified Provider Listing (QPL) in early Spring 2021. We anticipate reimbursement will be received by the provider 30 days from receipt of progress note and approval of service by authorized SCDSS staff.

31. Assuming payment is reimbursement-based, will a clarifying provision be included in any subsequent awards, stating that if the Provider's actual costs exceed the amount paid by DSS, DSS will adjust the rates and/or the caseloads to reflect the actual costs?

No. See questions 29/30.

32. Will DSS conduct a timely audit of the grant report/budget report after the close of the grant period to facilitate upward or downward adjustments?

No, this would not apply to these grants.

33. If we are awarded the initial capacity building grant and we are unable to sustain the program based on number of referrals, or reimbursement rates, does the provider have an obligation to return the original capacity building/training grant?

The Grantee may terminate the grant award for convenience upon 30 days written notification to the Grantor, setting forth the reasons for such termination, the effective date, and in the case of partial termination, the portion of the award to be terminated. However, if, in the case of a partial termination, the Grantor determines that the remaining portion of the award will not accomplish the purposes for which the award was made, the Grantor may terminate the award in its entirety. This determination is within the sole discretion of the Grantor. It is SCDSS intent to collect all grant funding awarded, in partial or in its entirety, when services cannot be accomplished.

34. Is there a preferred training provider or curriculum for the list of required in-service/additional trainings?

All EBPs (i.e. BSFT, FFT, HOMEBUILDERS) have specific purveyors authorized to train and an established curriculum. For all other in-service/additional trainings, the provider should outline any resources or curricula in their grant proposal. Grantees and DSS will agree upon requirements that may satisfy those topic areas.

VENDOR 3 QUESTION:

1. When providers receive referrals where English is not the primary language of the family or family members, will SCDSS give providers access to their directory of translators and interpreters of the deaf? Will SCDSS pay for those services?

SCDSS is internally evaluating whether sharing a directory of translators and interpreters is permissible. These services will be provided at no additional cost to the Department or the client as they will be included in the reimbursement rates.

VENDOR #4 QUESTIONS

1. Section II. (1) What are the requirements of a model trainer?

Requirements of a model trainer are established by the model purveyor (i.e. FFT LLC.).

2. Section II. (1) Are there currently authorized model trainers within the state of South Carolina?
Please contact FFT LLC for a list of approved/authorized model trainers.
3. Section II. (1) What is the average length of training from an authorized model trainer? Specifically, for FFT, how does this timeline correspond with fidelity monitoring as it is to be implemented with full fidelity in 9/2021 based on the phased approach listed on the standards for FFT.
Please contact FFT LLC for average length of training and fidelity monitoring.
4. Section II. (2) What is SCDSS' expectation of full capacity and full fidelity by September 30, 2021?
Full capacity and fidelity by September 30, 2021 means the grantee is operating at minimum capacity set forth by the model's stages/phases.
5. Section II. (3) Are only independent licensed therapists allowed to make up an intensive in-home team for FFT and HOMEBUILDERS? The programmatic standards for FFT and HOMEBUILDERS state that masters level clinicians are allowed with oversight by a licensed clinician.
- A) For HOMEBUILDERS capacity building grant purposes, all supervisors must be licensed by the South Carolina Department of Licensing, Labor, and Regulation (SCLLR) as one of the following: Licensed Psychologist (LP), Licensed Professional Counselor (LPC), Licensed Marriage and Family Therapist (LMFT), or Licensed Independent Social Worker-Clinical Practice (LISW-CP).**
- B) Direct workers (therapists) must have a master's degree in social work, psychology, counseling, marriage and family therapy, or related human service field or a bachelor's degree in social work, psychology, sociology, or related human service field with at least two years of direct social service experience.**
- C) For all other grants (i.e. BSFT and FFT) clinicians must be independently licensed by SCLLR as one of the professions mentioned in response A to this question.**
- Note: Independent licensure is a requirement to receive grant funds but may not be required for reimbursement of services. QPL reimbursement provider qualification/requirements may vary slightly from those outlined in these grants.**
6. Section II. (10) What is the definition and expectation of the Team Quality Enhancement Plan?
The Team Quality Enhancement Plan is defined by the model.
7. Section II. A. (11) Is the expectation for the approved grantee to begin training within 30 days of the grant award or 90 days as referenced on page 7, C (2)?
Grantees must be approved within 30 days and receive training within 90 days or as otherwise agreed upon by the grantee and SCDSS.
8. Section II. C. (1) The grant cycle ends on 9/30/21 so what is the expectation for the required timeframe of the reports that are due monthly? Is the expectation for the monthly reports to continue post grant cycle?
Post-grant reporting to SCDSS will be outlined in the QPL.
9. Section II. C. 1(b) What is the numerical requirement of individuals to be served? Is this a phased approach per quarter or annually?
Each model has an established minimum and maximum caseload requirement which will inform any future requirements.

10. Section II. C. 1 (b) Who are the referral sources for this service? Does DSS refer these clients to the grant recipients?
SCDSS county staff will refer clients for services. Implementation teams will assist in ensuring appropriate referrals.
11. Section II. C. 1 (b) When will referrals for service delivery be initiated?
Referrals will begin in early Spring 2021 with QPL implementation.
12. Section II. (2) Will the evidence-based practice models, which includes progress notes, assessment instruments, and a reports section take place of our other required documentation? Or would clinicians be expected to do both?
Grantees must complete documentation in accordance with the model and any contracts with SCDSS.
13. If a provider does not bid on the current RFGA then will the provider be allowed to bid on the QPL or provide the service at a later date?
Yes, providers will be allowed to enroll as an approved EBP provider.
14. When will the QPL be released?
The QPL will be released in early Spring 2021.
15. Is the expectation that the grant recipients' only serve clients of the evidence-based model the provider is awarded? (For example, a team within an organization specifically doing FFT?)
Yes, unless agreed upon by SCDSS and capacity building implementation teams.
16. Page 5, Section II. B. What counts toward the 15% percent in kind match?
Direct and indirect expenses related to the implementation of the EBP.
17. Page 7, Section II. B. Are providers expected to provide a fee for service rate or bundled rate for intensive in-home services?
Yes, the Department anticipates a fee-for-service rate.

VENDOR 5 QUESTIONS

1. With the BSFT application on page 5 under #1 b and c, it references Functional Family Therapy instead of BSFT. Can you please confirm if this is a mistake?
This was a typo and has been corrected on the SCDSS website.
2. Both the BSFT and Homebuilders applications state that an agency must serve children in at least two of SC's counties, which must include one of the four counties with the highest foster care entry rates. However, there are four different counties on each application (BSFT – Spartanburg, Dorchester, Lexington, and Florence; Homebuilders – Greenville, Richland, Horry, and Charleston). Are the services for each EBP limited to the counties listed?
The grantee must at least serve the county for which they are applying and a neighboring county.
3. Can interpretative/translation services paid by the agency count toward the match requirement?
Yes, this can count toward the match requirement.
4. In order to know if we can implement the EBPs, can you provide more information about the Qualified Provider List?
A Qualified Provider List is the generated list of awarded providers that can be used for services. Use of a particular vendor is not guaranteed using the QPL list. SCDSS is still in the process of developing reimbursement rates.

5. How will referrals be received?

The Department is still reviewing the most efficient way to refer for services. Additional information will be provided upon publication of the QPL.

6. As an agency our understanding is that outreach to families will occur after getting a referral. Can you please confirm that we will receive referrals from DSS?

Yes, referrals will be made by SCDSS to the grantee.

7. Can the match requirement go towards capacity building expenses to deliver the model?

Yes, those additional expenses can be used as match.

VENDOR 6 QUESTIONS

1. Do you anticipate the training beginning 30 days following award and 90 day following award? It seems the grant refers to both timeframes.

The organization must gain approval by model trainers within 30-days. Training must begin within 90-days of award or as otherwise agreed upon by SCDSS and the grantee. The grantee will still be expected to meet the 9/30/2021 deadline for full implementation.

2. Will ¼ of each stated total grant amount be awarded for each region to allow for 4 different providers potentially selected for each grant?

No, the listed amount will be awarded to a single provider in a region for each EBP (e.g. an award of \$39,000 will go to provider A in the county/region which they are applying).

3. Are the counties listed in each grant, the ones that the agency will implement these interventions in initially?

Yes, however, if a provider received training on an EBP and is qualified to render such service, they can elect to enroll in our QPL.

4. Are all non-clinician direct service staff required to have a graduate degree in healing arts?

A) For HOMEBUILDERS capacity building grant purposes, all supervisors must be licensed by the South Carolina Department of Licensing, Labor, and Regulation (SCLLR) as one of the following: Licensed Psychologist (LP), Licensed Professional Counselor (LPC), Licensed Marriage and Family Therapist (LMFT), or Licensed Independent Social Worker-Clinical Practice (LISW-CP).

B) Direct workers (therapists) must have a master's degree in social work, psychology, counseling, marriage and family therapy, or related human service field or a bachelor's degree in social work, psychology, sociology, or related human service field with at least two years of direct social service experience.

C) For all other grants (i.e. BSFT and FFT) clinicians must be independently licensed by SCLLR as one of the professions mentioned in response A to this question.

Note: Independent licensure is a requirement to receive grant funds but may not be required for reimbursement of services. QPL reimbursement provider qualification/requirements may vary slightly from those outlined in these grants.

5. Are all supervisors required to be fully licensed clinicians for all grants?

Yes, for purposes of the grant all supervisors and clinicians are required to be licensed independently.

6. According to SCDSS, what is the composition of staff that comprise a full team for the interventions?

Team requirements are established by the purveyor of the model.

- a. What education and or licensure requirements are there for each member of the treatment team?

Team requirements are established by the purveyor of the model. SCDSS may require additional qualifications to be eligible for reimbursement.

- b. What is the maximum caseload for that team?

Caseload standards are established by the model.

7. What is the maximum number of staff members we can have in a training cohort per region?

Training requirements and sizes are established by the purveyor of the model.

8. May we have all direct service staff as well as the program supervisor in the training?

That will need to be agreed upon by the grantee and purveyor.

9. What costs constitute capacity building costs?

The intent of the grant is only to finance capacity building (i.e. training costs). Page 5, Section B. states that funds may not be used for operating costs, service provision, lobbying, publicity, legal fees, and any other item not related to grant condition, including staff salary.

10. Are these reimbursement grants, i.e., we submit our costs and are reimbursed up to the grant amount for approved expenditures?

Yes, unless otherwise agreed upon between the grantee and SCDSS.